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The Indiana University School of Dentistry and selected paragraphs from the first "minute" book of the Indiana State Dental Association, whose Centennial Session will be held at Indianapolis, May 19-21.

In this issue: RURAL, URBAN PRACTICES COMPARED NOW—2-year results re-confirm effectiveness of CREST—the stannous fluoride dentifrice

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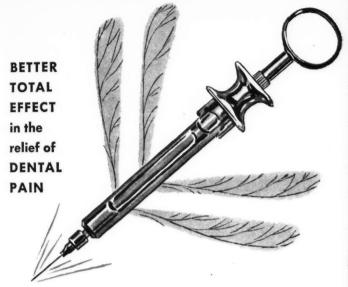
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Muhler, J. C. and Radike, A. W.: Effect of a dentifrice containing stannous fluoride on dental caries in adults. II. Results at the end of two years of unsupervised use. J.A.D.A. 55:196 August 1957,



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Reference: 1. Wolff, Harold G.: Headache and Other Head Pain,

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"HOLD THE PRESSES!"

A NEWCOMER to the headquarters of ORAL HYGIENE'S quest for the oldest U. S. practicing dentist is Doctor Charles B. Stouffer of Gettysburg, Pennsylvania. At the age of 92 the doctor has no notion of retiring. He attended dental school at the University of Maryland, starting his practice in Gettysburg in 1892. He has been an active member of the community ever since.

AND NOW HERE'S ANOTHER NEWCOMER. Let's all rise and greet him! Doctor George R. Martin practiced dentistry in Croswell, Michigan, for 69 years. Not long ago he celebrated his 97th birthday. Doctor Martin opened his first office in Croswell in 1889. In 1957, he closed it but has since practiced in his home. Doctor Martin is recognized as the oldest practicing dentist in Michigan.

"HOLD THE PRESSES!" shouts Doctor Louis C. LeRoy who practices at 200 West 59th Street in New York. Louis had been

May 1958. Monthly. Oral Hygiene, Inc., 1005 Liberty Ave., Pittsburgh, Pa. Subscription, \$5.00 a year in U.S., Canada and Latin America; \$5.75 elsewhere. Accepted as controlled circulation publication at Rutherford, New Jersey.

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> 1. Oxygen uptake by normal and inflamed gingiva and saliva. Schrader and Schrader. Helvets. odont. acta. 1:13-16 April 1957.

2. The New York Hospital-Cornell Medical Center. Presented as a Scientific Exhibit at the American Dental Association Annual Session, October, 1957.

THE KNOX COMPANY Los Angeles, Calif. . Fort Erie, Ont., Canada

reading the Corner in Oral Hygiene. The reference to Doctor George C. Sharp of Pasadena, California, had startled the New Yorker. He wrote to the Corner: "I am quite sure it is the same George that I went to school with, although I haven't seen him in 60 years." It is the same George. During the 60 years, after George Sharp had moved to Pasadena, Louis and he had almost succeeded in getting together. But fate intervened each time. Now maybe they will make plans for a sure-enough reunion. Doctor LeRoy is in his 92nd year and is still in active practice in the Professional Building, associated with his son Louis, Jr. Their office overlooks Central Park. Periodontia has been Louis' specialty, although he never did divorce himself from general practice. And he still has a few patients who started out with him before 1900.

DOCTOR GEORGE SHARP was born on September 11, 1874. He graduated in 1897 from the New York College of Dentistry, took the examination, and passed to practice in New York. But, instead, he decided to go back to Ohio. Cadiz was his old home town. He practiced there for about ten years. Then he went to Pasadena, California, took the State Board, and has been practicing there ever since. "I am still active," wrote Doctor Sharp. "I have Arabian horses and ride them all the time." How's that, frail folks! What about retiring? "So far as I know I will continue in active practice. I come to the office at eight in the morning and leave at six or six-thirty every day." Doctor Sharp's years of service were marked a while ago when his fraternity gave him a beautiful plaque.



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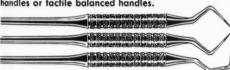
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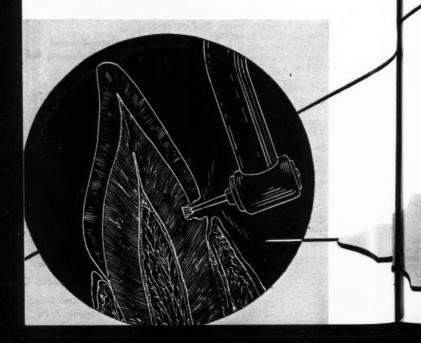
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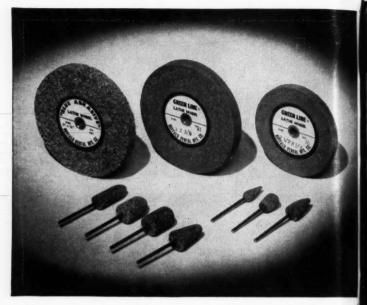
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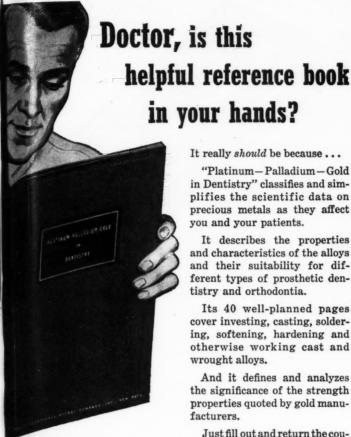
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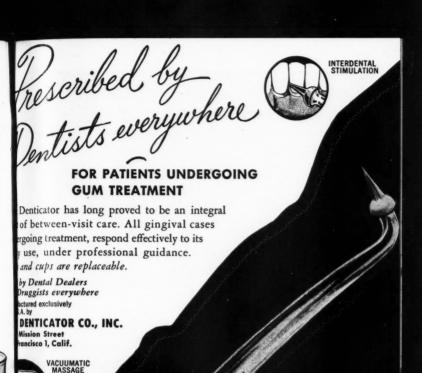
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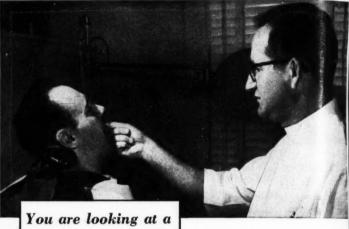


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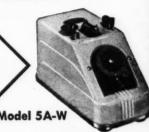
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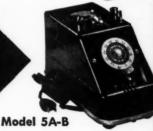


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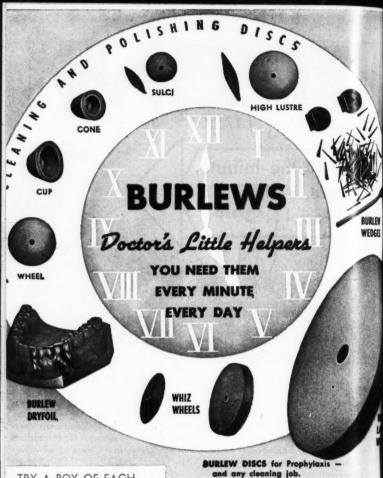
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VOL. 48, NO. 5

Oral Hygiene

MAY 1958



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If You Must Move

••••• Check First

PART I

BY CHARLES H. WATERBURY

THE DENTIST will do himself a favor if he becomes familiar with all aspects of a change before making it, rather than become subject to disillusionment after the change has been made.

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The differences between the states affect two aspects of the dentist's life:

1. His professional career.

2. His personal and family life. According to statistics compiled by the Bureau of Economic Research and Statistics and recently released by the American Dental Association, 9767 dentists relocated in the years 1954-1955. Each one had to consider the problems involved.

Many of the changes were from a state to some branch of the Federal Service—the Army, Navy, Air Corps, Public Health Service, or Veterans Administration. Nearly as many migrated from Federal ServThis first of a two-part article discusses many of the factors that should be studied before changing your location.

ices to the individual states. These changes, for the most part, cannot be considered as wholly voluntary. Movements of the greater proportion were primarily under the compulsion of military orders of one kind or another.

Numerous and troublesome were the problems of those obliged to abandon an established practice for a term of military duty, also for those returning to civilian life. The problems of these groups are too highly specialized to be considered in the same category as those of the dentists who voluntarily elect to move from one state to another. These accounted for about 20 per cent of all relocations.

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Your Professional Career

The factors affecting the dental career of those who move include:
(a) Licensure; (b) Opportunities for professional improvement; (c) Economic consideration; (d) Management of the dental office.

(a) Procedure for obtaining license to practice is provided by the laws and administrative regulations of each state. Full information is obtainable by direct communication with the office of the state dental society or with the licensing authority. In some states licenses are granted to specialists, in addition to those required for the general practice of dentistry. A considerable number of states will require re-examination, both written and clinical. Virtually all require United States citizenship and completion of education in a school of dentistry accredited by the Council on Dental Education of the American Dental Association. Fees for license and duration of licensure vary. Most licenses are renewable annually.

(b) The dentist's career is not solely dependent upon obtaining a license to practice. The chance to expand his knowledge by frequent postgraduate study, visits to clinics, attendance at district and state society meetings where information on new techniques, products, and procedures, are discussed and demonstrated, has compensatory advantages.

When about to move you might inquire into the availability of

postgraduate seminars and clinics. To be able to participate in such supplementary educational activities may require unduly long absences from the office and involve expensive travel costs. The rapid development of new procedures and techniques demands continuous study for the dentist to keep in step with progress. Any limitation on the opportunity to improve himself thus may have a tendency to retard growth in his professional career.

By obtaining copies of dental society meeting programs of recent date, it may be possible to get some idea of the kind of advanced dental education offered to practicing dentists. If the programs do not indicate evidence of really constructive contributions to your present knowledge, you may wish to revise your thoughts about the desirability of relocating; for it may prove too costly to you to maintain your income, because of the inability to keep up to date with professional knowledge except by great effort and undue expense.

(c) Probably one of the major considerations in any change of location is the economic advantage. The chance of increased net income requires a thorough analysis of the economy of the state in which you are planning to locate. The income level and spending habits of the inhabitants of the selected area must be compared with the advantages you now enjoy. Comparative figures which might reveal an

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upward trend in growth of population, incomes, and spending in retail stores will help in reaching a sound conclusion. Certainly any evidence of decline in these respects, or even apparent stagnation, should be a warning to at least pause for reflection before making a negative decision.

The economic factors, even when favorable, must be lined up with other influential factors. The princinal of these is the extent to which adequate dental service is presently available. Is the number of dentists in the community large enough to give ample service? Even if the number may appear to be large, this should be analyzed further with particular reference to the age of those in practice. Should it appear that most are in the higher age brackets with many years of practice behind them, it is quite possible that the advantages lie in favor of a newcomer whose practice growth is now beginning or on the way up. A predominance of younger dentists may indicate that opportunities are restricted for another dentist.

Population alone is not the controlling factor in evaluating the advantages of a community. The composition of the population must be considered from a variety of angles. Racial and national origin may be favorable to you or otherwise, depending upon your personality. Whether the population is increasing because of migration and birth rate among younger

families will indicate a trend toward future growth with a rising number of potential patients. If the population is pretty heavy on the older age side, with migration of older people constituting the main contribution to stability, both the type of practice and the opportunity for enlarging income are involved.

Industrial centers require most careful analysis to determine whether they are predominantly single industry, or adequately diversified in character. Seasonal layoffs from employment of industrial workers becomes a real hardship in such areas as mining or single commodity manufacturing.

Whole communities have been completely disrupted when public preference for certain types of textiles changed after the introduction of synthetic fibres as replacements for fibres having similar characteristics but derived from animal or vegetable sources. The younger generation moved out, and has not been replaced by others. Only the older families unable to move or to acquire new skills in labor were left with ever declining chances for self-support. Younger dentists are likely to depart from such places, and the older ones will probably continue to give moderate service with fees at a modest level.

The prospects of a bright economic future for the newcomer in such a community are not good. It is possible that an institutional

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type of dental service with a salaried full-time or part-time dentist may eventually enter the picture.

"The 1956 Survey of Dental Practice," compiled by the Bureau of Economic Research and Statistics of the American Dental Association, contains a fund of helpful data about incomes of dentists by location, age, type of practice and other factors. This valuable compendium, used with other information, can contribute much that will help decide whether a contemplated move is advantageous.

(d) Any change in location will have definite effects upon the management of the dental office, especially when moving from one state to another.

Perhaps the first and major factor is the relationship between the dentist and his source of supply. Convenience of location may necessitate completely new arrangements with a dental supply dealer with whom he has had no past trade relations.

A proper relationship with the new dealer will be advantageous in many ways. The dealer will have a knowledge of his territory's opportunities from a practical point of view that could not be tapped from any other source. The dealer's interest is in success for his patrons, and his counsel to any new patron will be predicated upon his desire to help that patron locate most advantageously for success economically. New dealer relations on basis of mutual respect and con-

fidence will have much to do with the way you can handle your office affairs. On this will depend the kind of service you can expect in the way of replenishing supplies and obtaining service for your equipment when necessary.

Whether dental laboratories capable of giving you the kind of technical services to which you are accustomed are located nearby will affect the management of your practice. Prevailing laboratory fees for the best quality of service may be a deciding factor in just what your ultimate management policy will be regarding laboratory procedures.

When moving any appreciable distance from one location to another, it is certain that auxiliary personnel such as a dental assistant and hygienist will have to be replaced by new help. The dealer may be helpful in uncovering applicants from whom you can make suitable selections within the salary range customary in the newly chosen community.

Another problem with which the dealer can help is that of compliance with building, electric, and sanitary codes when choosing and installing equipment. He should also be able to acquaint you with facts about the availability of an adequate water supply. There could be no more tragic experience that to find that you have moved into a community where periodic droughts cause rationing of water on a basis that does not cover the

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needs of the dental office at all times. Water excessively high in mineral content may require the installation of suitable water softening equipment before delivery of the water to the plumbing leading to the dental office and equipment. Failure to do this will cause all sorts of trouble with the water lines in the unit and the sterilizer, by depositing obstructing coatings of insoluble matter.

Laws covering employer and employee relations vary in each state. Workmen's compensation, employer's liability, minimum wage and hours of work may be subjects upon which expert advice is indicated in their relation to your office affairs, as well as taxes on your

professional income.

Insurance policies can troublesome unless handled expertly to be sure that coverage is complete and is carried in companies properly authorized to do business in the state of your choice. Failure to be properly covered can be expensive whenever any claim may

arise. Unlicensed companies are not always too reliable when settling the claims of those residing in states in which the carrier is not licensed.

Local police and fire protection are important considerations, as also are traffic regulations which

affect parking.

Accessibility of the location to those who use public transportation as well as to those who drive their own cars may determine the desirability of the community considered for office location.

Moving from one state to another may well prove to be a happy and rewarding experience. It is more likely to be satisfying when made after well considered plan-

ning.

It is not dental practice alone that is to be considered. Personal considerations involving family factors must be taken into account. Some of these I will discuss next month.

55 Maxwell Road Chapel Hill, North Carolina

THE COVER

This month's cover represents an invitation to the Centennial Session of the Indiana State Dental Association to be held May 19 through 21 at the Claypool Hotel, Indianapolis The montage shows a picture of the Indiana University School of Dentistry superimposed on extracts taken from the first book of minutes of the 1858 meetings of the Indiana State Dental Association. For information about the centennial meeting and reservations, please write to Mr. Broderick H. Johnson, Executive Secretary, Indiana State Dental Association, 1012 Hume Mansur Building, Indianapolis 4, Indiana.



BY DOUGLAS W. STEPHENS, DDS*

YES. We lost an election but the dentists of this West Coast city of 300,000 think the people of Long Beach lost a great deal more when they turned down the proposition to add fluorine to their public water supply. The children here may not have the highest caries rate of any city in the United States, but it is far higher than it should be. In a recent survey of preschool children between the ages of two and six, it was found 43 per cent needed dental attention, and in the older group the percentage was higher.

The Harbor District Dental Society, of which Long Beach makes up the greater part, worked carefully in the four years before election to prepare and educate the people on this vital health measure.

*Doctor Stephens is Editor of Harbor District Journal and member of the staff at Seaside Hospital, Long Beach.

The Public Health Officer and his staff stood strongly behind the project. The medical society needed no education to swing it over to our side. Members of both the dental and medical societies, along with the health officer, gave talks on fluoridation to the children in the schools, to their mothers and teachers at PTA meetings, and to their fathers at luncheon clubs and lodges. Most of the dentists tried to educate their patients on this caries preventive in their own offices, but the day of the election only one-sixth of the population came out to vote and the opposition won by a slim 8000 majority. th Ti

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Naturally after all the efforts the dental society had put into this, the members were discouraged. At first with many dentists the attitude was, "To heck with the people. If they don't know enough to help themselves, we'll go on filling their teeth." But after the first re-

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A member of the Harbor District Dental Society tells why their campaign for fluoridation failed, and how they plan to correct their mistakes in the future.

action faded, the dentists knew they could not let the public down. This was only a first round. They would try again another time.

Doctor Dan E. Tannehill, chairman of the fluoridation committee; Doctor Virgil Ridgeway, co-chairman; Doctor Frank Blair, Harbor District President; Health Department officials, and others advocating fluoridation, got together to find out why the proposition had been voted down and perhaps figure out how to profit by the mistakes made.

Reasons for Defeat

After much study the committee decided on five reasons why fluoridation had not won, any of which might have turned the votes in its favor. When we checked dental societies in other cities that had also lost the fluoridation vote, they found similar reasons for defeat.

1. The first reason fluoridation lost was the measure did not have the full cooperation and endorsement of the press. The supporters forgot that the editors and publishers of our newspapers, and feature writers, were dental patients, and more likely to accept

and evaluate scientific facts if properly presented than almost any group of the lay population. However, these men should have been and were not individually shown the facts and figures that would convince them fluoridation was needed. Supporters of the measure did take the time to do this with one Sunday feature editor, and from him they had favorable articles and editorial comment. The others they took for granted and, when the opposition sent in a flood of copy against fluoridation, it fell on ears unprepared to evaluate such information. The result-no definite stand by the newspapers, which left the way open for the opposition's campaign of fear and confusion.

2. The opposition had their campaign carefully planned in advance, and apparently by a national organization, as the news releases followed the same pattern as in other cities that voted on fluoridation. The opposition's headlines were sharp and to the point. They stressed one thing, fear. Fear of being poisoned, fear of socialism, fear of a communistic plot. When the advocates of fluoridation published a claim, it was always supported by clear scientific proof endorsed by leaders in the medical and dental professions both nationally and locally known for their honesty and integrity. The opposition held frequent meetings and whether there were five or fifty people present they reported the

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meeting to the newspapers in such a way as to garner headlines that usually followed a pattern stressing fear and creating confusion in the ranks of the pro-fluorine following. Headlines read, "Pyorrhea Caused By Fluorine," "No Proof Fluorides Will Prevent Dental Decay," "Speaker Claims Russia Behind Fluoride Move To Poison Children," or "Chemist States Fluorides Present In Rat Poison."

Had we known the opposition would flood the papers, signboards, and the airways with such a mass of unbelievable drivel, we would have warned the people about it beforehand: but although we had read something about the tactics of the anti-fluoridation group, we never thought they would go to these extremes. At first we laughed at the stories we saw printed; then, as we began to talk to patients and lay friends we found that although most of them did not really believe the opposition's claims, the resulting confusion was enough to keep many from giving fluoridation their full unreserved support.

3. We learned when fear is employed expertly it can swing more minds than cold figures and facts. This fear program undoubtedly was the reason the PTA did not come out and give fluoridation its full membership support. We had educated the leaders of the parent-teacher organization and thought we had also done a good job on the rank and file, but the fear and confusion campaign showed us our

educational program had not been as thorough as we had thought. A strong active PTA on our side, using their telephones and automobiles to bring out the vote would have been a great aid to our dental group.

4. Wrong timing in holding the election was the fourth reason fluoridation lost. Instead of bringing the proposition up for a vote at a general election when important state and county measures and perhaps state or national officers would be voted on, we presented it at a minor local election when only a few unimportant items other than fluoridation were on the ballot. The result—no crowds at the polls.

5. The fifth reason for losing was the amount of money spent by the opposition. This was and still is a great mystery to those of us who favored fluoridation. The dental, medical, and pharmacy societies each bought half a page in the local papers the day before election and published good statements in favor of the bill, listing the prominent professional men and others in town who advocated approval. The bar association did the same. However, our society, and I expect the other professional societies, did not have sufficient funds budgeted from the society's treasury to spend on the election. On the other hand, the opposition spent money on every form of advertising, even to sound trucks going through the streets blaring, "Don't Poison

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Your Children. Vote No On Fluor-idation."

And where did the funds come from? They surely did not come from the thirty odd thousand who voted against the bill, for there was no collection from the little people!

It is true a few outspoken citizens were strongly opposed to the measure, but on close study these people were found to be ones who always take the minority side in any measure on the ballot for the pure joy of a political fight. None of these people has ever been known to spend anything but their time and their voices on any of the causes they have supported.

The next time the dentists of Long Beach put this measure on the ballot, they plan: First, to win over the press; Second, to warn the public what to expect from the opposition before they start their campaign of fear and confusion: Third, to get the wholehearted support of the PTA behind the measure, making sure not only the leaders but the rank and file know the true story of fluoridation; and finally, to put the measure on the ballot during a general election when there are other important issues to be voted on at the same time and an assurance that a more representative segment of the population will turn out to vote.

2829 East Broadway Long Beach 3, California

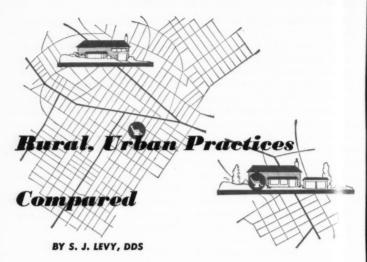
TAX-BREAK FOR THE SELF-EMPLOYED

THE American Medical Association, in testimony submitted to the House Ways and Means Committee [in favor of the Jenkins-Keogh bill] charged that "unless something is done to make self-employment as financially attractive as the employee relationship, we believe there is a grave danger that many professional men will bypass the private practice of their profession."

"The trend today," the testimony continues, "is definitely toward becoming an employed person. This situation also contributes to a maldistribution of physicians since it makes large cities more attractive to the young professional man by providing more opportunities for

him to become employed.

"On the basis of our observations over many years, we are convinced that this is one of the factors contributing to the pronounced migration of professional people into urban areas. So, quite apart from the objective of obtaining tax equality with our employed counterparts, we urge you to approve legislation of this type because it is in the public interest."—Medical News.



A discussion of some problems you may encounter in developing a country practice, and suggestions for overcoming them.

DOCTOR A and Doctor B had been classmates, and have remained friends. Five years since graduation, both are married and have two children each. The former lives and practices in the city; the latter in a small upstate community. They recently purchased the same type homes. Here similarities end and dissimilarities begin.

Doctor A's seven-room split-level brick house with front and rear patios and attached garage, is located in the suburbs, and he commutes to his city office in his car.

The foregoing amount divided by 12, equals a monthly expenditure of \$416.

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Doctor B's split-level has eight rooms, front patio, rear screened sun porch, detached two-car garage, an acre of lawn, and a garden plot. Part of the house is used as an office. Cost of the house, \$17, 000 (70 per cent on mortgage). 60

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Annual interest at 5 per cent
\$850.00
Taxes 550.00
(No city office rent or transportation)

\$1400.00

The monthly expenditure amounts to \$117.

(Other expenses, such as heat, electricity, insurance, use of the car for pleasure, and living costs, are assumed to be equal in both cases.)

You will notice that Doctor B's monthly expenses are \$299 less than Doctor A's. On the basis of five days a week, Doctor A must put in at least ten hours a day. His office hours are 9:00-1:00 and 2:00-8:00, frequently until 9:00, plus an hour and a half for traveling. Doctor B starts out with traveling time and expenses of \$299 to his credit, and works less than a six-hour day. His office hours are 10:00-1:00 and 2:00-6:00. He either gets rest periods during the day, or is fully occupied, and is far ahead of his friend in earnings. All of which adds up to an unhurried, relaxed, and more secure mode of practice for the rural enthusiast.

To be sure, small-town practices have their negative sides for those who bring with them certain habits and preconceived ideas contrary to the psychology and ways of life of the community, or if they lack the flexibility of mind to adapt themselves to the new environment. Now and then you hear of a dentist returning from his "Garden of Eden" minus his belongings.

Small-towners generally are known to be wary of newcomers. be they professionals or new residents, especially those who hail from the big city, the proverbial "Sodom" in the minds of oldtimers. Most of the hinterlanders are known to be clannish, interrelated, intermarried, and like any family circle have their reservations about "intruders." You will be welcomed politely but cautiously, and will be placed on a kind of probation-"Let's watch him awhile and see if he will work with us or against us." Eventually they will warm up to you, but the interval is not pleasant to contemplate.

Choose Associates Carefully

A one-family house on Main Street became vacant and for sale in a lovely, genteel village that needed a dentist. The presentable young man and his pretty wife felt so confident of success that they bought the place outright, and spent their honeymoon weeks painting and redecorating the eight rooms to their own satisfaction and the admiration of their social neighbors. In the fall the house shone brilliantly within and without, the furniture and up-to-date dental outfit were in place. The news was passed around that the dentist was ready to serve. No line formed outside the door.

A year later, not many had tested his dental skill, but the few who had seemed pleased. Things did not pick up in the second year. Everybody in town knew why he was being shunned, everybody except the dentist himself, and when he was told by a neighbor it was too late.

What did everybody know? He had been seen entering the town tavern in the company of villagers whose character was considered to be disreputable. He had gone in for a glass of beer, perhaps-he was indeed no alcoholic-a case of guilt by association. I recall an incident in my home town that occurred several years ago. The new officers of the Chamber of Commerce rented a local hall for their monthly supper-business meeting. The entrance was through a door that also led to a lower-floor eating and drinking establishment. More than half the membership dropped out that year. They would not be seen entering a saloon door, they said. Hypocrisy? Perhaps. Their own refrigerators were well supplied.

Hobby-Vocation Tangle

When is a hobby not a hobby? When a vocation begins to play second fiddle. That is the conclusion one dentist reached after a devastating experience.

This dentist was a sportsman of sorts, which was his primary incentive for settling in the country. Sports being the spice of life in every small community, his could not have been a better choice. The red carpet was spread out for him. The boys on the teams embraced him; seasoned hunters, fishermen, skiers, met him with a big smile and a warm handshake. The sports editor filled his column weekly with interviews about the new dentist who could "pack a rifle and swing at a ball as deftly as use a drill." The dentist decided it was senseless to waste all the usual watchdog hours in the office before the rush started, since his wife could make appointments, while he brushed up on his somewhat rusty outdoor activities along field and stream. The risk, however, was nil. The open page in the appointment book was still to be filled.

In the weeks that followed the dentist restricted his outdoor preoccupations to before and after scheduled office hours, taking up the vigil of full-time watchful waiting. Nothing moved beyond an occasional emergency. The hopelessness of the situation began to seem apparent months later when he accidentally discovered that some of his ardent "buddies" on the teams were receiving dental service elsewhere.

When he finally decided to pack up and move, some potent truths inscribed themselves in his mind: Hobbies are all right when attached to a paying vocation. Without it, they are to all intents and purposes just so much dead weight.

People's mental processes sub-

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consciously associate the good dentist and physician with asceptic cleanliness, light-handedness, the soft, gentle touch; the athlete, with muscle, toughness, sweat shirt, heavy-handedness.

Rural practices are as a rule slower to build, but this is a small price to pay for the long range advantages over their city equivalents. Unorthodox habits and erroneous notions about the inferiority of country folks are the causes of many failures.

In setting up an office, the cynical remark by the town grouch—every town has at least one—that anything in equipment is "good enough for this burg," is unwarranted and false. Nothing less than the best will do. "Hicks," so called, born

and grown up in the shadows of the big city, have nourished and sustained over the years an inhibited sense of inferiority and their ego will revolt at any hint of their being not as good as anybody else. Less than the best, for example, takes in not only the equipment, but the rebuilt pantry or some cubbyhole that may be used as an operating room. They are well informed about the dimensions and quality of every nook in every house in town.

As to hobbies during office hours, it would be well to remember that dentistry is a jealous mistress. She does not tolerate other loves.

1220 Seneca Avenue New York 59

YOUR PHYSICAL AND MENTAL HEALTH

A HEALTHY mind and a sound body are indispensable for professional success. Dentistry being a sedentary profession is not always conducive to a long and healthy life. Constant effort must be made to develop good general health, to protect the vision, and maintain correct positions while at the chair. At the same time we must protect the health of the patients with the maximum conditions of asepsis and antisepsis.

—ROMAN S. DE LASCURAIN, DDS, of Mexico, from Spanish Oral Hygiene.

SCIENCE AND THE CITIZEN

We have a great pageant of scientific progress, beginning with the austere precision of mathematics, the grandeur of astronomy, the great conquests of physics and chemistry, together with the impressive technologies they have made possible, followed by the marvelous although still partial progress made in understanding the living world, together with beneficent applications of this biologic knowledge to medicine and agriculture, and finally the first exciting invasions into the world of the mind and of behavior.—Science, Washington, DC.

Suggestions for solving the problem of postgraduate study if you are not located near a dental school.



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Postgraduate Training

Through Extension Courses

BY T. V. WECLEW, DDS

FOLLOWING the publication of an article on the Academy of General Dentistry¹ the officers of the Academy received dozens of letters from general practitioners throughout the country. The responses to the article indicated that many dentists living in remote localities, far from dental schools, found it difficult to fulfill the formal 50-hour postgraduate requirement for membership, because of the great distances they had to travel to get to a school. Inquiries from states that do not have dental schools, and inquiries from locations that are remote from dental centers, established the fact that the fulfillment of this requirement could be a real hardship. For example, a dentist prac-

¹Weclew, T. V.: What Is The Academy of General Dentistry? ORAL HYGIENE 47:42 (June) 1957. ticing in the fairly heavily populated area of Miami, Florida, must travel at least 400 miles to take a college postgraduate course in dentistry, and many dentists in other areas of the country have to face the same problem.

If postgraduate study is to be popularized to the point where most of the general practitioners will regularly and willingly participate, it must not only be offered at the right time, and at a reasonable fee; but it will have to be accessible to all without the hardship of frequent long trips to dental schools.

Perhaps the problem can be solved by the use of extension courses emanating from the universities. The extension course is no novelty in college work; but most of these courses in the past have been conducted by mail, and

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are not on a close personal basis. One exception is the telephone course that originated at the University of Illinois. Many of these telephone groups discussed the lectures later under the direction of a competent moderator, and so were able to have their many questions examined and answered.

The dental deans interviewed thought that the problem of sending an instructor to a group of dentists could be worked out: however, the group would have to be large enough to make it practical, the meeting place would have to be adequate, and the instructor in the particular subject would have to be available. The last requisite is important, and something of a problem because there is a shortage of dental instructors. One approach to this shortage of school personnel and their disbursement to extension courses might be to use the services of the many clinicians who are not connected with a school. This type of teaching has long enjoyed a close personal relationship with dental societies and study clubs in contrast with the mail type of extension course. At present, the clinician who is not connected with a school is recognized by the Academy, and his teaching is accredited for the member toward *one* of the requirements of membership. To clarify this requirement, it is 100 hours, and includes attendance at scientific dental society meetings and study clubs during a three-year period.

If the clinician who is not affiliated with a school is to be recognized in the 50-hour requirement of formal postgraduate study on the extension level, there will have to be some type of certification or approval, either formal or tacit; but nevertheless firm. Under the jurisdiction of the schools, and with the help of the American Dental Association Council on Education, a plan of this kind might be worked out in the future.

For the present, the Academy will allow full credit toward the 50-hour postgraduate requirement to any group participating in university extension courses; and further, it believes that this type of teaching should be explored diligently and promoted fully whenever necessary and practical.

Any member of the American Dental Association who is in general practice and interested in postgraduate study is invited to become a member of the Academy.

2739 West North Avenue Chicago, Illinois

Academy of General Dentistry **Honors Five Dentists**



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(Standing, left to right): John J. McBride, DDS, presenting certificate of honorary membership to William P. Schoen, DDS; Saul'Levy, DDS, receiving certificate from T. V. Weclew, DDS, president of the Academy. (Seated): George Holmes, DDS, PhD, director of postgraduate courses for the Academy; and George Carey, DDS, chairman of the Honors committee.



Chairman of Honors Committee (left) presents certificate of William F. Swanson, DDS, to Gilbert N. Robins, DDS; (Seated): Edward J. Ryan, DDS, and Saul Levy, DDS.

At the regular annual meeting of the Academy of General Dentistry, honorary membership was conferred on:

Saul Levy, DDS, Chairman, Department of Dentistry, Michael Reese Hospital Medical Center, Chicago.

Harry Lyons, DDS, Dean, School of Dentistry, Medical College of Virginia, and immediate past-president, American Dental Association.

Edward J. Ryan, DDS, Editor, ORAL HYGIENE, DENTAL DIGEST, and SPANISH ORAL HYGIENE.

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William P. Schoen, DDS, Dean, Chicago College of Dental Surgery, Loyola University.

William F. Swanson, DDS, Dean,



George Holmes, DDS, PhD (right) receives certificate of honorary membership for Harry Lyons, DDS, from George Carey, DDS.

School of Dentistry, University of Pittsburgh.



Doctor Ederer repairing Dave's denture in the blacksmith shop with a sickle grinder.

Side Lights
of Uranium
Prospecting

PART II

BY BERNARD F. EDERER, DDS

NINE-MILE Canyon country in Utah was famous in the past for its rough characters, we judged from the stories we heard in Price. In de: thi

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With memories of its rugged reputation in our minds, my wife and I headed our loaded jeep up Soldiers Canyon, over the divide, and into Nine-Mile Canyon. Balanced rocks, pinnacles of all sizes, and ledge after ledge of many colored, rocky formations were stacked sky high. "Why, this is more picturesque than Zion Park!" my wife exclaimed, as she pointed to a huge amphitheater that Nature had fashioned inside a tremendous cliff, with the colors blending in

In a second trip to the Utah deserts in search of uranium, this California dentist makes historic discoveries.

such a way that only a three-dimension camera could possibly record the breath-taking vista.

I halted our jeep on a grassy flat that was watered by a clear, cool mountain stream. This water was too inviting, after the dry heat of the desert, so we camped.

In the cool of the evening, we enjoyed the scenery about us. Strolling along the canyon walls, we came upon many different and intricate pictographs and petroglyphs.

What these picture writings meant and what the primitive Indians recorded here is still somewhat of conjecture, even to the experts in the fields of archeology and anthropology.

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After enjoying the luxury of a splash bath we were soon sound asleep.

Next morning it was here that we met our first citizen of Nine-Mile Canyon, and after the tale of bad men we had heard, our first impression was a disappointment. The tall, quiet-spoken middle-aged man introduced himself as Dave Nordell. Dismounting, he slapped his dusty well-worn western hat against his faded levis as he politely bowed to my wife who sat up in her sleeping bag. He didn't look

like a character to frighten anyone. (Later we learned that Dave Nordell was a real figure of the old west, quiet, friendly, indefatigable, but as one old timer said, "Hell on wheels if you cross him, lick his weight in wild cats, too.")

But, how disarming as he spoke: "You folks pack up and come down to my ranch for breakfast. Make it your headquarters too," he added as his keen eyes observed our prospecting equipment. Continuing he said, "You see, we don't have many visitors down here, especially women. They're scarce as sheep round here. Maybe I'll help you prospect!"

Dave's ranch was a real side light of our prospecting tour. His massive stone ranch house, hidden by huge cottonwood trees, looked to be a hundred years old. The barn and bunk house were constructed of logs. Nearby were a series of corrals made of poplar poles. Stretching down the canyon a half mile or more was a field of corn that would have made an Iowa farmer envious. Nestled below the towering red and gray cliffs the ranch looked like an ideal setting for a western movie.

Dave called us inside for breakfast. Around the table we met the ranch hands and enjoyed a hearty meal.

"How do you like my sour dough biscuits," asked Dave as he heaped the platter with brown muffins and pushed the gallon pail of jam toward us. Munching away,

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I suddenly realized that each male cook in the west enjoys a personal pride in his ability for sour dough baking.

"You folks rest today and tomorrow we will explore the country along the Green River. Delon Olsen will be here. I met him over in Price. That's how I knew you were headed this way. I'll show you some of the cliff dwellings around here."

The following day we again were joined by our old friend, Delon Olsen. We knew he had arrived early when we heard Dave and Delon arguing about their sour dough.

"I'm sick and tired of sour dough," I heard Dave complain. "What I want most is a pan of cookies or doughnuts."

"All right," responded Delon,
"You take them prospecting and
I'll cook. Be back by nightfall
though."

Dave directed us toward a high mesa above the canyon. As in the pioneer days, a dry wash is used for a road.

The jeep bumped and twisted as I steered it upward over the dry creek bed. Coming out on top of the mesa, we saw a vast tableland stretching far off to the horizon. Dave signalled for me to stop.

"My little old geger (geiger counter) makes a lot of count here, so why not try your instrument," he said, pointing to a spot where some excavating had been done. I hurried to the spot, scintillator

in hand and got into action,
"Looks good to me," I called as
the needle swung to an interesting

point.

"All right! Come on. We'll stake it when I can bring a couple of the hands along to help. Right now I want to take you folks up in the piñons where the nomadic Indians, hundreds of years ago, came to pick nuts."

Interesting Discoveries

It was most instructive to hear this self-educated, practical archeologist explain about the ancient people and the ageless trees.

We learned that the piñon tree is one of the oldest in the world, and its nuts are still harvested by the natives in the fall of the year.

"The old timers must have lived here for weeks, as they left their beds and tools. See here, I'll show you," Dave exclaimed.

Approaching a huge dead old cedar tree with a mound of debris around the base, he started to dig. We soon were helping with our hands as he uncovered a cedarbark bed. When we completed our excavating, we had four distinct cedarbark beds, and several stone and bone implements. Dave picked up the stones and holding them out explained, "These are proof that people from far off came here for nuts, because these stones aren't found 'round here. You know, little is known about the ancient history of this country."

These words kept going through

my mind while we bumped down the trail to the ranch, but arriving there I forgot all about them when Delon greeted us in Dave's kitchen.

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"Look!" he said, proudly pointing to pan upon pan full of doughnuts. "I made doughnuts all day. Long ones, round ones, and doughnuts with holes in. I used up fifty pounds of flour!"

Everyone laughed heartily when Dave exclaimed, "I'll probably welcome sour dough by the time I eat all of these."

Days went by so rapidly we scarcely noticed the time. Part of our time was spent in prospecting and staking claims. However, our main interest seemed to run toward exploring the colorful canyon walls, where pueblo ruins, cliff dwellings, and Moki forts were plentiful.

One day while prospecting a long ledge, Dave noticed a part of an ancient metate¹ protruding from under flat rock. When he turned the rock over, to his amazement, a cradle with the tiny skeleton of a body was disclosed. Excitedly he cried, "You go ahead and check out the rest of the ledge while I dig a little here."

Hours later we returned and Dave held up a skull for me to examine.

"See, here is the head of one of those little men who crawled around these cliffs," he cried excitedly. Evidently he was satisfied



Two skulls found in the cliffs. The cuspless abraded teeth are discernible.

that he had proved his theory of a race of small people inhabiting the cliffs.

I examined the skull, and noting the deciduous teeth and the presence of only the first permanent molars, I explained to Dave that this must be the skeleton of a child.

Still unbelieving he went back the next day and found another skeleton, an adult with the third molars just erupting. The skulls were well formed, with the teeth polished flat on the occlusal, even the deciduous ones.

This indicated that the diet of the Indians was apparently coarse. The teeth were free from caries and resembled the dentition of the Eskimo. We found hundreds of little corncobs and evidence of squash and beans. Dave brought

¹Shovel-like flat rock used to pound and grind corn and food,

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it all to the ranch and proceeded to show all his articles to my wife.

"Don't know who was here first, Pueblo Indians or Cliff Dwellers, but I reckon they lived here a thousand to fifteen hundred years ago. But I'm still surprised to find out those heathens were so big," he frowned speculatively.

"You folks relax in the shade while Croket and I make up some supper," continued Dave, striding away in his characteristic, choppy gait.

Each time we were invited to have a meal, my wife expressed a desire to clean up the kitchen and ranch house to meet her standards. However, she never complained about being the only woman among these rough range characters. Only once did I hear her comment about this man's camp. That was when we entered the house to find Croket intent upon his cooking, but with his six gun still on his hip.

"If I didn't know it was real, I would think I was viewing a western movie," she blinked in astonishment.

"One would think the Butch Cassidy gang were still here," I concurred.

That night one of the ranch hands returned from Price with the mail, which was long overdue. We were happy to receive a message that my son Dick, my old pal Buck, and my son-in-law, Doctor C. J. D'Andrea, would spend the last long weekend with us.

This was a busy weekend. Together we explored Moki forts, took pictures of petroglyphs, found Indian arrowheads, and ate doughnuts. It was then I realized that Dave was not using his lower denture.

"Can't keep it in my mouth, growing a lump or something," he complained when I accosted him.

A glance disclosed the need for relief on the denture. I utilized the sickle grinder in the blacksmith shop to remove the material, smoothing the acrylic with the wet, fine sand in the creek.

Buck took pictures of the operation by Charles and Dick flashing light into the dark interior of the shop with a mirror, much to the amusement of the rancher, whose chief hobby is photography.

Dave was happy with the results from the simple correction.

"You know Doc, I was darn sure I had a cancer. Anyway, come on now, I'll take you to a cliff dwelling," he promised.

Pointing to a high projection on a ledge at least a thousand feet above us, Dave said, "There she is, so let's go."

It was only with the aid of field glasses that we could make out the neatly constructed adobe structure stuck to the high cliff like a swallow's nest.

The climb was arduous and dangerous. In places the loose shalt would start to slide, making cross 1958

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ing prohibitive. Once a rock the size of a bushel basket came loose. Crashing down the cliff from ledge to ledge it bounded hundreds of feet into the air as it was catapulted across the river below. Shortly after, Dave's geiger counter slipped from his hand and went hurtling to destruction.

"Wal! There goes two hundred dollars, but that's better than one of us," grinned Dave, unaffected by the loss.

Upon noticing that my wife was not following, he called back, "What's the matter, Clara? Running out of gas?"

"I'm going down," she replied emphatically. "I think you are all crazy to take such chances. There won't be anything in the Moki house anyway."

We left her, and finally arrived safely on the highest, small flat ledge with the cliff house still twenty feet or more above us. It appeared that only a bird could get into it. Dave uncoiled his lasso from about his waist and fashioning a loop, he flipped the rope upward around a protruding rock. Then driving a steel spike, he secured the end of the rope and called for volunteers to go up. None of us responded, so hand over hand against the cliff he went up. I marveled at the agility of this sixty-year-old rancher. I even marveled at the fact I could climb up so high. I knew I could never have done it a few weeks before.

"Nothing in it but a pile of corn cobs. Darned if Clara wasn't right," Dave growled as he came down from his perilous perch.

Anyway, we had been close to a high cliff house, and later as we bid goodby to our friends and started for California, we knew that our greatest side light of the Uranium Search was the exciting exploration of Nine-Mile Canyon.

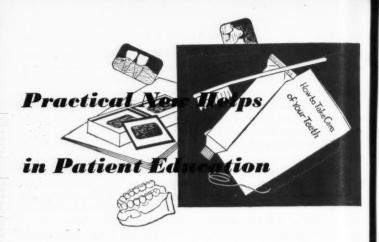
7532 La Jolla Boulevard La Jolla, California

DEMOCRACY AND TEETH

In the campaign to force fluorides on every American, willing or not, the organized medical and dental professions have adopted a most unwonted and unscientific air of complete certitude about the safety and usefulness of mass administration of this drug. Where else have these professional organizations shown such dogmatism? Not in the relationship between smoking and lung cancer, not on the role of fats in arteriosclerosis, not in the significance of other factors in tooth decay. Just in fluorides in water supplies they say this is it, and no doubt of it.

We do not believe they believe it is that certain, and we charge they are attempting to mastermind the American people into a particular regimen. We charge they have failed to offer the people a fair statement of the medical pros and cons so the people can decide for themselves.

—Boston (Massachusetts) Herald, March 24, 1958.



BY SAMUEL SILVER, DDS

ARE YOU one of the many dentists who, even today, neglect patient education in your practice because you fear that it is a "waste of time"? If so, it is time you overcame your fear. In my experience and observation, the dentist who neglects patient education will, in the long run, serve fewer patients, do less of the better type of dentistry, and be of less service to his patients. Moreover, he will be shirking his prime responsibility of informing patients of all the services modern dentistry can perform.

On the other hand, the dentist who educates his patients at every opportunity, will develop a successful practice with a low patient turnover. His dentist-patient relationships will be excellent. His patients will respond readily to recall notices, and will understand the need for, and want better dental services. Also, educated patients educate their spouses, children, and relatives to the need for regular dental care. twees tis Of tio he col ter

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Since patient education is so important, I have constantly looked for ways to improve it, in my practice. The search has led to adoption of study models, a motion picture, charts, Kodachrome slides, x-ray enlargements. transparent models and anatomic models for use in patient education. But, despite all of these materials, there remained a need for something that would reach patients in their homes, for some sort of self-help device that would arouse in problem patients an interest in good home mouth care, and incidentally to add third-person authority to patient education in the office.

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A definite program of information makes patients more cooperative at home and more understanding during treatments.

Consequently, when the Epic Program was announced, about two years ago, I was much interested in it. The word EPIC, dentists were told, meant Education Of Patients to Increase Cooperation with recommended dental health measures. Several of my colleagues and I reviewed the material and found it to be ethical in content and presented in good taste. Subsequent review has satisfied us that the original standards have been maintained.

As the Epic program developed it provided a quantity of materials, which have answered many of the needs described in the preceding paragraphs. Materials used in this office have included the Home Dental Care Kit, attractive M-P-M pamphlets, and many ideas culled from the bulletins. A brief discussion of each will indicate how the program answered important patient education needs in this office, and how it can be used to advantage in any dental office.

Home Dental Care Kit. This kit filled a need long felt by many dentists. It provided at a nominal price a self-help device that could be given to patients as a means of impressing them with the need

for good home care, and to provide problem cases with the means for a fresh start toward good dental health. In this office the Home Dental Care Kit is used successfully in dental health education of teenagers.

Perhaps the most important component of the kit is the 32-page illustrated booklet, How To Take Care of Your Teeth. Patient reaction to the booklet has been favorable. Patients seem to appreciate the fact that useful information about many phases of home and professional dental care can be presented in interesting and understandable language that does not "talk down to them."

The kit also contains tooth paste, toothbrush, dental floss, and a toothbrushing timer. Giving the patient a new supply of paste, brush, and floss carries out the idea of the "fresh start" which seems to have such a good effect on problem patients. The timer not only adds novelty and interest to the kit, but also demonstrates to "10-second toothbrushers" how far they fall short of taking time required to brush thoroughly. This demonstration is especially good for teenagers, most of whom "have to be shown."

The Epic Bulletin: This publication, devoted exclusively to patient education, appears four times per year. The contents have included articles, posters, demonstration materials, model letters, and other tested devices worth

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passing on to the rest of the profession. Dozens of good ideas have appeared in the bulletin. The three described below are used with good results in my practice.

Ray-View: Do you think that all of your patients understand what they see on x-rays? Actually, many patients do not understand the findings pointed out to them because they are unable to visualize the missing tissues. And, fantastic as it may seem, there are still some other adult patients who have never had dental x-rays and do not have the haziest idea about what to look for.

The Ray-View is an ingeniously simple device that can be a help in educating both of these types of patients. When looked at under ordinary conditions, the Ray-View resembles a plain drawing in color of teeth and gingivae, but when held up to the light, model x-ray findings show up underneath the drawing. Patients looking at the Ray-View have remarked that, for the first time, they really understood about the shadows that have been pointed out to them on x-rays.

Before and After Chart: It is no secret that many denture patients undergo severe psychologic stress. To help them, a dentist needs visual material that will build confidence for these patients and give them a worth-while, realistic goal to strive for. The "before" and "after" chart produced in a recent bulletin filled this need well. The illustrations speak for

themselves and are accompanied by a factual, hopeful message that provides information without promising too much.

Patient Quiz: A Patient Quiz from the bulletin has proved to be a good way to arouse interest in dental health. One easy and effective manner of using the quiz has been to leave mimeographed copies in the reception room, near a collection box where patients deposit the tests after they have been completed. Here is one of the questions that was asked: How many pounds of sugar does the average person living in the United States consume in a year? Surprisingly few patients guess anywhere near the 96-pound average figure released by the United States Department of Commerce.

Message-Per Month Pamphlets.
The Message-Per-Month pamphlets, or M-P-M's, are being used every month by many of my colleagues. In this office 100 M-P-M's per month fill a surprising variety of patient education needs.

With monthly statements: Since each M-P-M is different, they are suitable for inclusion with monthly statements, to remind patients about the importance of regular dental care.

With health charts: Each new patient gets a General Health History questionnaire to fill out at home and mail back to the office, a procedure that helps in evaluating new patients, and makes them better patients. An M-P-M with

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them with each questionnaire provides interesting news about some aspect of dental care, and reasons for wanting better dentistry.

With recall notices: Using M-P-M's with recall notices has definitely improved the recall rate. In a recent month 22 of 27 patients responded to our recall notices. The M-P-M's seem to help patients focus their need for dental care.

To give specific information: M-P-M's that are not mailed out are labeled according to their subject and given to patients who want specific information about their own problems, such as the need to replace missing teeth, periodontal disease, and the reasons why children's teeth must have dental care.

On the last visit: Several M-P-M's deal with the need for regular, preventive dental care. These are ideal to give to a patient at the last visit.

To arouse interest: A small supply of M-P-M's labeled according to subject are kept on my appointment desk where they are often asked about by patients. M-P-M's used in this way help to arouse an interest in better dentistry.

Summary: Do not hold back any longer on a program of patient education. The sooner you start, the sooner you will find yourself performing better dental services for your patients.

Use all possible materials study models, x-rays, motion pictures, Kodachromes, charts and drawings-anything that will help you give clear office demonstrations to your patients. Use such excellent materials as the M-P-M pamphlets, the Ray-View, the Home Dental Care Kit, and other components of the Epic program. They will help you to keep in touch with patients in the home, will lend third-person authority to your office teaching, and will provide the means to give many problem patients a fresh start on the road to good dental health.

5410 West Madison Street Chicago, Illinois

PROVIDE REFILL DATA ON PRESCRIPTIONS

Doctor Irvin Kerlan, of the Food and Drug Administration, Washington, DC, has advised that in connection with the refilling of prescriptions, the dentist can facilitate compliance with the law if, at the time of writing or telephoning the original prescription, he includes instructions as to the number of times the prescription is to be refilled. Refill instructions are an enforceable safeguard for the dentist and his patients in order to avoid unlimited access to potent drugs.—American Druggist.

So You Know Something About DENTISTRY! ? ? ? ? ?

BY ROLLAND C. BILLETER, DDS

CLXIV

- True or false? In seeking calculi in the submaxillary gland, it should be borne in mind that many calculi are radiotranslucent.
- 2. The loss of tooth substance and mesial shift is equal to about (a) 0.5, (b) 1, centimeter, from the mesial surface of the third molar to third molar on opposite side by the age of 40.
- 3. How can hygroscopic setting expansion be increased?

- The principal agent that destroys the calcified tissues of the teeth is probably (a) alkaline,
 (b) acid, in nature.
- 5. Why is the life of burs and stones increased when using increased speeds for cavity preparation?
- 6. True or false? In deciduous proximoocclusal preparations for amalgam restorations the optimum average width of the isthmus may be approximately one half of the intercuspal dimension of the tooth.
- 7. Is it advisable to leave caries in a tooth until an inlay is ready to be cemented?
- 8. About (a) 30, (b) 45, (c) 70, per cent of orthodontic patients have Class II division 1 malocclusions.
- The impacted mandibular cuspid is usually found on the

 (a) lingual,
 (b) buccal, surface.
- 10. Arrangement of the contacting surfaces of teeth to each other in varying jaw positions influences the (a) retention, (b) stability, of the denture to the basal seat.

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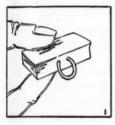
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

A Simple Technique for Locating a Needle Broken Off in Tissue

By ARTHUR H. NOBBS, MS, DDS

Drawings by Dorothy Sterling



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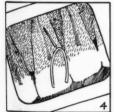
Insert a small loop of wire into a block of soft modeling compound.



While patient bites into compound, bend the wire loop to indicate the site of the original insertion of the needle.



Remove and chill the block of compound being careful not to disturb or distort the wire loop.



Replace the block in the mouth and take x-ray. Relative position of loop and needle will be shown by

Note to Contributors

We invite dentists to submit material for this page, \$10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month, Oral Hygiene, 1005 Liberty Avenue, Pittsburgh, Pennsylvania

the x-ray, and loop will be a reliable guide in locating and removing broken needle.



EDITORIAL COMMENT

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"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

FOR THE GENERAL PRACTITIONER ONLY

THE GENERAL practitioner in medicine has been having a hard time to secure full privileges on the staff of many hospitals. He is also held in lower public esteem than the specialist. To correct the inequalities of their position and to improve their status, general medical practitioners have formed their own national organization and have developed their own journal.

In dentistry, as in medicine, the general practitioner is the backbone of practice. Although there are specialists in dentistry, they do not exercise the kind of domination that is common in the hospital atmosphere. The specialists in dentistry, notably in orthodontics and oral surgery, are dependent, in considerable part, on the general practitioner for the referral of patients.

The specialist groups in dentistry have had their own excellent organizations for years and their own splendid publications. Only recently have the general practitioners formed their own society: The Academy of General Dentistry. In the short life of this organization it has made important advances, and will make more when the objectives and the activities are better known.

Unlike some professional organizations that are chiefly window dressing with a pompous front and serve no real purpose, the Academy of General Dentistry has clear-cut requirements for membership and standards that must be met constantly to *retain* membership.

To be eligible for membership: "A candidate must be a graduate of an approved dental school, and a member of and participant in the meetings of the American Dental Association, licensed to practice dentistry in the state of his residence, and must have spent at least two full

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days in college postgraduate work the preceding year or at least six days the preceding three years."

To retain membership: "A member must have spent a minimum of 150 hours during this three-year period in postgraduate training of a nature acceptable to the Committee on Membership and Credentials. This 150-hour requirement may be roughly defined by stating that 50 hours must be acquired in attendance at formal postgraduate college courses; the remaining 100 hours may be made up by attendance at local, state, and national society meetings, or other informal refresher courses. In states where there are no dental colleges, alternate postgraduate provisions have been made."

In an article in this issue the President of the Academy (T. V. Weclew, DDS) proposes that the dental colleges of the country offer extension courses to those dentists who might find it a hardship to fulfill the 50 hours of in-training, residence-type of postgraduate college study every three years.

There are other dental societies that require types of special training as a prerequisite for membership. There are few, if any, that require continuing study to retain membership. In that respect the Academy of General Dentistry is in the forefront as an organization in the dental profession. It was formed and is sustained by earnest dentists who wish to improve themselves, at their own expense, so they can render a better service to the public.

Unlike some of the organizations, whose philosophy has deteriorated and now only serves to expand the self-esteem of the selected members, the Academy of General Dentistry is open to any dentist who fulfills the entrance requirements and continues to meet the standards for membership.

The purpose of the Academy is not lost in a maze of rhetoric, ritual, or symbolism. It has a definite goal and definite roads to follow by any dentist who wishes to qualify. It is straightforward and practical, built on the universal ideal: "The greatest good for the greatest number."

Educary Ayen



Dentists in the NEWS

Knoxville (Tennessee) Journal: With a total investment of less than \$500, Doctor C. J. Speas, of Oak Ridge, has started on a history-making horticultural project. Assisted by several of Oak Ridge's top-ranking scientists, he transferred ten curies of cobalt-60 from an 850-pound lead container into a pipe inside the tunnel of a small cement-block house on his farm, for the purpose of subjecting seeds to radioactivity.

Installation of the cobalt made possible, for the first time, a production line for the commercial irradiation of seeds, a process which is expected to result in startling horticultural developments in the mutation of seeds to produce new

strains of plants.

Los Angeles (California) Herald Express: Although he graduated magna cum laude from Harvard University School of Dentistry, Doctor Norman Simmons has never practiced his profession. Instead his interests have led him into a career as an experimental pathologist and biologist. He has succeeded in breaking down the barriers in the highly complicated field of cell structure and nucleic acids, which are the foundations of heredity in living things.

Nucleic acids have been called the most important field of biology that exists today. Nobel prize winner Wendell Stanley has said that it is more important than atomic physics, and Doctor Simmons agrees, pointing out, "Atomic physics existed for thousands of years before humans got here and it will go on for thousands of years afterward. The problem is to see how it affects people—you and me."

Columbia (South Carolina) Record: "Lincoln, Davis—Together, They Were Comrades Before They Were Foes," is the title of an article adapted from the book COMES AN ECHO ON THE BREEZE

by Edward J. Ryan, DDS, and prepared in commemoration of Lincoln's birthday by a staff writer, for publication in The Columbia Record of February 13. With the article appeared an artist's conception of the friendship of Abraham Lincoln and Jefferson Davis, which was symbolized, according to Doctor Ryan, by Lieutenant Davis presenting a sword to Captain Lincoln during the Black Hawk War. The book based on Lincoln's only military experience was published in 1949 and has received favorable reviews and comments from many important people, including the late Albert Einstein.

Springfield (Massachusetts) Republican: Doctor Raymond S. Licht, Spring-(Continued on page 58)



Doctor Raymond S. Licht, and mosaic. Photo by Richard Russell.

WRIGHT'S Amalgam Vibrating Condenser

gives 120 vibrations
per second—only one
moving part!
Lets you fill cavities
in 1 to 3 minutes

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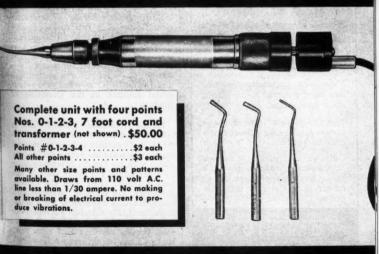
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WHY VIBRATE? Construction engineers specify that all concrete for piers, walls and columns be vibrated while being poured. Not tamped or hammered. Vibrating causes the sand and stone particles to slide close together, eliminating air voids and water, producing a more perfect artificial stone.

Vibrating amalgam acts in the same manner to improve the quality of the filling.

In amalgam, alloyed metals are ground into irregular shapes and sizes and mixed with mercury in a mortar. Excess mercury, being a very deteriorating agent, should be removed as much as possible after amalgamization. First, by squeezing and secondly, during placement in the cavity. Wright's Amalgam Vibrating Condenser provides the answer to the latter, vibrating each layer of amalgam as it is put into place.



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PROFESSIONAL

PRINTING COMPANY, INC. 20 HISTACOUNT BUILDING NEW HYDE PARK, N Y

field, recently completed this two by three-foot mosaic of a bullfighting scene. The detail work on the mosaic was done by Doctor Licht, while his wife assisted on filling in the background. They estimate the mosaic contains several thousand imported Italian glass tiles, and represents about eighty hours' work.

Interested in drawing and painting since boyhood, Doctor Licht attributes his choice of a career in dentistry to an early realization of a natural manual dexterity. His office is decorated with six of his oils, all seascapes. Most of the approximately fifty oils he has painted have been given to relatives and friends.

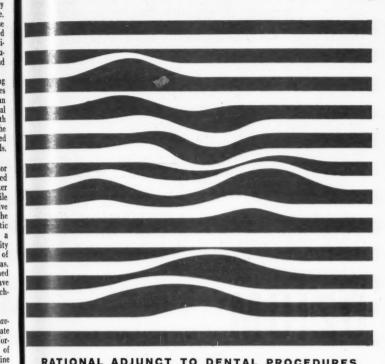
Dallas (Texas) Times Herald: Doctor Charles Yates, who had never played golf, became interested in the game after seeing a professional tournament while on vacation in San Diego. He is an active member of the Dallas Council for the Deaf, and became especially enthusiastic about the game when it gave him a chance to combine golf with charity service. He is now general chairman of the \$7500 Ladies Tournament of Dallas. To date the tournaments have earned \$15,000 for the women golfers, and have helped to provide scholarships and teachers for the deaf children of Dallas.

Boston (Massachusetts) Herald Traveler: Doctor Finn Brudevoid, graduate of the State Dental School in Oslo, Norway, has been appointed professor of dentistry and chief of dental medicine at the Forsyth Dental Infirmary. He is director of dental research at the Eastman Dental Dispensary and professor of dental research at the University of Rochester.

Omaha (Nebraska) World-Herald: It takes a good deal of traveling for Doctor O. H. Ziegenbein to keep his musical engagements. He has been a double-bass player with the Omaha Symphony since its organization. For thirty years he has held a similar chair with the Lincoln Symphony. On occasion he plays with the Sioux City Symphony. On a minimum basis, his schedule of rehearsals and playing adds up to 67 trips to Lincoln, Omaha, or Sioux City each year. He logs about five thousand miles a year.

Doctor Ziegenbein studied music at the University of Nebraska for three years, then transferred to dentistry. He

(Continued on page 60)



RATIONAL ADJUNCT TO DENTAL PROCEDURES

STRESSCAPS provide a balanced combination of the water-soluble vitamins so often rapidly depleted when metabolic demands are increased by trauma or other stress. They are rationally administered routinely to help accelerate tissue repair following oral surgery, multiple extractions, and other rigorous or prolonged dental procedures.

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Each capsule contains: Thiamine Mononitrate (B1) 10 mg. Riboflavin (B2) 10 mg. Niacinamide 100 mg. Ascorbic Acid (C) 300 mg. Pyridoxine HCl (B₆) 2 mg. Vitamin B₁₂ 4 mcgm. Folic Acid 1.5 mg. Calcium Pantothenate 20 mg. Vitamin K (Menadione) 2 mg. Average Dose: 1-2 capsules daily.

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has two exceptional instruments; an Amati from the Wanamaker collection, dates back to 1684. The other is by the Frenchman, Gursan, and was formerly owned by the first chair bassist of the Boston Symphony.

Houston (Texas) Chronicle: Doctor C. Paul Harris of Houston, has purchased approximately 5200 acres in Austin, and is planning to build some 6000 houses. The acreage is hilly country with eleven miles of frontage on Lake Travis. Doctor Harris, who pilots a two-engine plane between Austin and Houston, to take care of his two occupations, is calling the development the Lago Vista subdivision. His new project will include ranchettes ranging from 15 to 20 acres in size, and homes designed specifically for people who have reached the retirement age.

Louisville (Kentucky) Times: The difficult problem of providing dental care for children with cerebral palsy is being studied by the University of Louisville School of Dentistry in a new program, which has support from United Cerebral Palsy of The Falls Cities and a \$2900

grant from the WHAS Crusade for children. This is one of a few programs in the country which provides both diagnosis and treatment. It also gives valuable experience for the School of Dentistry faculty and Doctor J. L. Walker, resident dentist, who provides treatment.

Doctor Walker reports that with the use of sedatives and a special litter on which the patient lies with his head just over the lap of the seated dentist, treatment is possible for even the most serious cases.

Miami (Florida) News: Miami's Optimist of the Year is the title recently won by Doctor Oscar S. Ruskin, who is founder of two optimist clubs in Miami Beach. As immediate past club president, he also earned a distinguished president's award from Optimists International. He is given credit for his club being designated an honor club. As a former state membership chairman, he brought Miami Beach membership up to 300, making the Optimists the largest service organization in that community.

(Continued on page 62)

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New Brunswick (New Jersey) News: Versatile is the word for Doctor W. Austin Smith of East Brunswick. At 55, he has long held the reputation of being an outstanding dentist in South River. To his many friends throughout Middlesex County, he is also well known for a remarkable assortment of creative hobbies in which he successfully combines the talents of both artist and craftsman. He carves intricate ivory and wooden miniatures, molds silver-bronze statuettes and jewelry, restores paintings, collects antique furniture and china, writes poetry, and even sometimes astounds friends with tricks of magic and feats of strength.

Some of Doctor Smith's finest artistic creations are the miniature ivories he has carved. They are chiefly wild animals, rarely more than an inch in height or length. They were carved out with skill and patience, and with special attention paid to the reproduction of the feathers on a peanut-sized game bird and the horns on a cricket-sized moose.

Memphis (Tennessee) University News Bureau: A Mexican dentist, Doctor Maria Elena Yunes, is studying English at the University of Tennessee. Back in her home town of Puebla, Mexico, Doctor Yunes has built up such a sizeable clientele of people from the United States in seven years that she felt a better knowledge of the English language would help her in her services. She plans to return to Puebla this summer.

Pawtucket (Rhode Island) Times: Ten years ago Doctor T. Way McDonald was chatting with a friend about figurines, and ventured the opinion it would not be too difficult to shape one out of wood. From that casual remark came the challenge to try and duplicate one-and that has been his hobby ever since. The figurines stand about four inches high and are replicas of people in every field of activity-firemen, cowboys, baseball players, fighters, cooks. Usually the finished product is a prototype-he does not try to reproduce any particular individual. After the figurines have been carved, down to the minutest detail, Doctor McDonald paints them with an artist's brush. He finds valuable relaxation in his hobby. "Mostly I do the work when our seven children are in bed. It's ideal after a long, hard day."

Joliet (Illinois) Herald News: Almost six years after the first Glass-Gard was introduced by its inventor, Doctor Suren M. Seron, a United States Patent has been issued on the invention.

The Glass-Gard, consisting of an elastic headband and surgical type rubber holders, which fit over ends of glasses, was designed by Doctor Seron to cut expenses of replacing eyeglasses for his son, Merron, a basketball enthusiast. The Glass-Gards are manufactured in the Seron basement workshop.

Doctor Seron has also developed the Tip-Gard, a protective device used on referree whistles to keep the whistle from sticking to the lips; and the Call-Gard, a lanyard device which adjusts itself to any diameter to hold animal and duck calls.

New York (New York) Man's Magazine: After-hours relaxation in his workshop has paid off for Doctor Elmer F. Kesling of Bloomfield, Missouri. He had an idea for an improvement on an automobile gear shift, worked it out mechanically, won a patent, and has received \$344,000 in royalties from General Motors.

Canton (Ohio) Repository: Doctor Harry J, Guist has received Canton Junior Chamber of Commerce's 19th annual "Outstanding Young Man of the Year" award. The award is given in recognition of community contributions, leadership, character, and success in a vocation. Doctor Guist has been chairman of the Chamber's Mother Gooseland committee, which has raised \$30,000 for a children's zoo to be put in operation in Dueber Park this summer.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

W. L. Lockett, DDS, 1721 Magnolia Avenue, NE, Knoxville 15, Tennessee Mrs. Donna Ostroff, 61 North West 79th Street, Miami 50, Florida

Albert Jay Baas, 922 Clarks Lane, Louisville 17, Kentucky Mrs. Harry Peters, 79 West Vine

Street, Fremont, Nebraska Morris Cohen, 1132 Euclid Avenue, Miami Beach, Florida

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Lane, Vine You look for resourcefulness, attractiveness and intelligence in a prospective dental assistant because you know the right girl can make your work easier, pleasant and more profitable. Unfortunately one interview will not reveal her complete capabilities. Only time on the job will tell.

Similarly, you need the best denture base material. Your skill and high standards go for nought if the denture material doesn't accurately reproduce your efforts. We believe Microlon (Cross-Linked) Denture Material to be the best available today — the material your professional ability demands. Luckily this doesn't take long to prove. Just a few cases made with Microlon and you'll note the difference — more life-like appearance, freedom from porosity and dentures made . . .

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Whether it's denture materials or dental assistants, in the long run the best costs no more than the ordinary. Ask your laboratory to . . .

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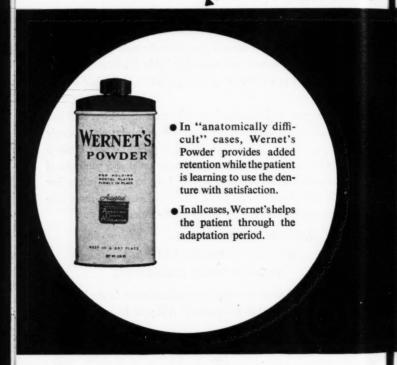
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Wernet's Powder helps speed the mastery of the denture . . .
 Recommended by more dentists than any other denture adhesive.



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- A typical case history:
- BOS, housewife, 53 years old. Malocclusion. Overbite is complicated by uneven ridges (posteriors lost over a period of time werenotreplaced). Patient tends to be high-strung; fast nervous speech. Very active in church and community affairs. Wernet's Powder will assure added confidence and comfort.



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field Avenue, Lakewood, California Mrs. Gladys E. Browne, 33 Pearl Street, North Weymouth 91, Massachusetts

Mrs. Raymond Johnson, 313 North

Briggs, Joliet, Illinois
Mrs. Opal Young, Route 5, Box 80, Sulphur Springs, Texas

Florence E. Bryan, 6613 West 43rd Street, Houston 24, Texas R. W. Bouldin, DDS, Hohenwald,

Tennessee

Huldah V. Arnold, 8 Branch Avenue, Lincoln, Rhode Island Mrs. Eveyln Boudreax, 713 Parker

Road, Houston 22, Texas

George Preston Moore, RR1, Box 220, College Corner, Ohio

Nutritional Disorders

NUTRITIONAL adequacy is best not taken for granted, no matter how

favorable the patient's circum. stances. The role of nutrition in preventing the chronic degenerative diseases is only now becoming evident.-Michael G. Wohl. MD. NUTRITIONAL DISORDERS, Spectrum, Brooklyn, New York.

NOTICE

When you change your address. please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

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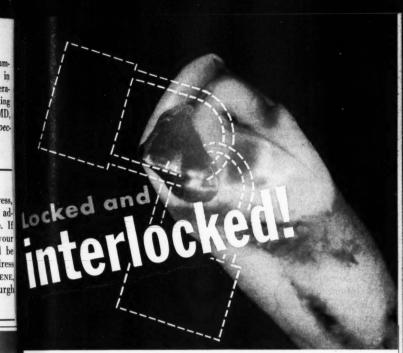
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> As shown in the preceding discussion, Gold Foil, and only Gold Foil, can be adapted with sufficient force for the compressed dentin, as it springs back, to grip the restoration firmly. Thus a Gold Foil and the tooth lock and interlock!

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Such absolute indestructibility in the fluids of the mouth is the second secret of Gold Foil's unrivaled success in locking out decay. Being impermeable, insoluble, and nonoxidizable, its restorations neither disintegrate nor discolor. A Gold Foil can withstand the fluids of the mouth longer than the tooth itself!

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can lock out decay for good!



ASK Oral Hygiene



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The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Tartar and Stains

Q.—I have a middle-aged woman patient who does not smoke; yet, within weeks after I have performed a prophylaxis, tartar and stains appear on her teeth. I shall appreciate your advice as to how to treat this case.—G. J. H., Illinois.

A.—Some nonsmokers do have a tendency to collect tartar and stain on their teeth. Some medicines, such as an iron tonic, concord grapes, or grape juice may cause dark stains on the teeth. A diet predominantly of fresh green vegetables, fruits and meat is less likely to result in tartar on the teeth than a strongly carbohydrate diet.

If these suggestions do not solve the problem you might prescribe Extar® —V. C. SMEDLEY

Condyloid Displacement

Q.—I have a young woman patient, age 23, who two years ago had a bilateral displacement of the condyloid processes. She does not have a luxation of the left side, but the trouble is now all on the right side.

The only treatment this patient has received was some two or three injections into the joint proper. She related that she thought these helped for a while, but at this writing the constant dislocation is pronounced.

The temporomandibular joint study is as follows:

With her mouth open this patient gets a partial dislocation of the head of the condyle with a spontaneous immediate reduction, accompanied by a rather audible clicking sound.

When the mouth is closed the articular margins are smooth and regular. The interarticular joint spaces are well within normal limits.

With the mouth moderately open there is failure of motion on the right side; however, with the mouth wide open, after considerable exertion, there appears to be fairly normal motion of the head anteriorly on both sides. I am wondering about the possibility of cartilagenous damage here or possibly pericapsular involvement. There are no other significant changes noted.

I should greatly appreciate your advice on a course of treatment for this patient. Please advise whether or not in your opinion cortisone would be indicated in this case.—H. A. L., Tennessee.

A.—I believe that immobilization or partial immobilization is the best treatment in these cases. Usually preventing the jaw from opening enough to produce the subluxation for a few weeks will permit the ligaments to shorten and strengthen enough so that dislocation can, with care, be avoided thereafter.

Cortisone injection into these joints is recommended only in cases of arthritis.—V. C. SMEDLEY

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new high values for frozen citrus

Recent assays by the Wisconsin Alumni Research Foundation¹ reveal frozen citrus juices significantly higher in vitamin C than shown by the latest U.S.D.A. Handbook (No. 8, 1950), with orange juice averaging 20% higher...further proof it is the "nutritive equal" of fresh juice. Recommended Daily Allowances for vitamin C as provided by frozen citrus juices are shown below.

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75 mg.—normal adults	5 fl. oz.	61/2 fl. oz.
100 mg.—late adoles- cence or pregnancy	7 fl. oz.	81/2 fl. oz.
30 mg.—infants to 1 year of age	4¼ tablespoonfuls	

Florida Citrus Commission, Lakeland, Florida

1. J. Agr. & Food Chem. 4:418, 1956. 2. A.M.A., Council on Foods & Nutrition: J.A.M.A. 146:35, 1951.



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Bruxism During Sleep

Q.—I have a patient whose upper maxillary incisors are being worn down by her lower incisors, due to bruxism during sleep.

Would it be good dentistry to grind her lower teeth out of occlusion?—P.

K. M., Delaware.

A.—If you grind this patient's lower teeth completely out of occlusion they will, in all probability, elongate into occlusal contact again in a surprisingly short time.

It might be well to make at acrylic occlusal splint to be won at night to prevent and possibly break the bruxism habit.

It is sometimes advisable in these cases to build up the posterior teeth with inlays, crowns or bridges to relieve the incisors of excess occlusion.—V. C. SMEDLE

Slow Healing of Socket

Q .- A young woman, 32 years of age, with advanced periodontosis, agreed to full mouth extractions and insertion of artificial dentures. I extracted some of the teeth, and others were extracted by an oral surgeon. No matter who per formed the extractions, or what preoperative and postoperative precautions were taken, 60 per cent of the extrao tions resulted in dry sockets. These were all treated with either (1) creosote-io dine and eugenol in iodoform gauze, or (2) hydrocortisone ointment on iodofora gauze. The packings were changed ever 24 to 48 hours with irrigation of the sockets in between. The socket of the lower right second bicuspid has never healed properly. I curetted this socks thoroughly. At present the tissue has healed over the socket, but it has an uhealthy red appearance. The alveole process in this area is tender to digit pressure on the buccal plate. The roes genogram reveals nothing. Her physicia says her general health is good, Si weighed 105 pounds at the time we b gan extractions, and now weighs abo 92 pounds. I dislike proceeding wi

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The original "living" color and lustrous labial anatomy of Verident Plastic Teeth are not affected by denture processing.



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A sterile solution of 8:100 racemic epinephrine hydrochloride and 2:100 zinc chloride, Racemistat is useful to the dentist in most incidents of simple oral bleeding. It is especially indicated for hydrocolloid techniques for immediate, clot-free hemostasis and clean, visible operative areas. Racemistat also results in increased patient comfort and important saving in chair time. You are invited to write for literature giving complete details.

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dentures until I can remedy the condition of the right side of the mandible. Any suggestions will he honestly appreciated.—J. E. R., Iowa,

A .- I suggest waiting no longer for this last socket to heal and come to normal before making and inserting dentures. In virtually all cases the best results are obtained by a sane and conservative immediate denture service. In my opinion we are much more likely to see normal healing with the development of the best type of bone for the support of dentures, filling in the sockets under the stimulus of function of a carefully fitted denture. I use disclosing wax as directed to avoid putting excess or harmful pressure on sensitive areas.-V. C. SMEDLEY

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Lower Denture

O .- Yesterday I examined a woman patient, age 67, wearing full upper and lower dentures. Her last extractions were in November 1956 and the dentures inserted four months later. According to my findings the bite is correct, the upper denture fits well, the lower needs refitting. The lower ridge is adequate to support a denture. The patient has no complaint about her ability to masticate, but says the lower "wobbles" when she talks. However, she complains that when she wears the dentures her mandible shakes and it does. She reports she is in good physical condition, and appears to be. She definitely did not display any nervous tendencies or shaking of the hands or head. I should appreciate your comment on this case.-I. J. F., Iowa.

A.—You certainly can refit this lower denture so that the denture will not "wobble" when she talks. You can hope that this will also stop the mandible from shaking. There may be some neurologic cause of this condition, but I have

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CETACAINE

SPRAY TOPICAL ANESTHETIC FOR HIGH SPEED PAIN CONTROL!

*The NEW, IMPROVED CETACAINE with no alcohol in its formula—provides rapid, smooth, deep anesthesia without burning or sloughing of tissues!

From the adjustment of orthodontic appliances to the taking of impressions, the new, improved CETACAINE controls pain and gagging—makes it possible for you to work more rapidly with relaxed patients.

- INSTANT ACTION Maximum anesthesia within 45 seconds.
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- TIME SAVING Fast acting CETA-CAINE is sprayed directly onto wet tissue.
- PLEASANT TASTING CETACAINE is pleasantly flavored.
- ECONOMICAL Approximate cost 1¢ per patient.

CONTAINS NO ALCOHOL





In addition to its fast-acting anesthetic properties, CETACAINE incorporates the anti-bacterial action of CETYLCIDE to provide extra patient protection.

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Resists Abrasion and the Solvent Effects of Foods and Beverages

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Complies with A.D.A.

THE S. S. WHITE DENTAL MFG. CO.
Philadelphia 5, Pa.

Specification No. 12

no idea what it might be.—V. C. SMEDLEY

Recontouring Teeth

Your considerate and kind attention to the following will be greatly appreciated:

1. After reducing cusp height in recontouring teeth, what is the correct technique for smoothing and polishing the surfaces or points reduced? For polishing gold crowns and inlays after the occlusion is correct?

2. Before setting crowns and inlays, how should the abutment teeth or teeth with inlay preparations be taken care of so far as sterilization, desensitization, or any prerequisites are concerned?

3. What is the cause of sensitivity below the margin of a full cast crown soon after it is placed? This occurred on a lower left second molar which was an abutment for a fixed bridge on the buccal margin.

4. Is it not true that the more powder that can be incorporated into the liquid in an oxyphosphate of zinc cement mix, the less pulpal irritation will result? In instances in which a thinner mix is necessary, for example, for retention and adhesion, is Cavitex (a quick setting zinc oxide paste) protective against the oxyphosphoric acid liquid?—W. J. K., Texas.

A.—1. Fine cuttlefish discs set back to back and rubber polishing wheels are effective for these purposes.

2. Exposed sensitive dentine under crowns or inlays should be cleaned thoroughly with peroxide or chloroform and wiped dry of excess moisture, but should not be thoroughly desiccated. These sensitive surfaces should then be protected with enough cavity varnish to produce a shiny surface, but this varnish should not cover the cavity margins.

3. The sensitiveness of the

(Continued on page 76)

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tooth surface below a crown margin is probably caused by insufficient protection of the prepared tooth from the irritating action of the phosphoric acid in the cement used to set the crown.

4. Yes. I think undoubtedly Cavitex would afford satisfactory protection of exposed dentine surfaces against the irritating effect of oxyphosphate cement.—V. C. SMEDLEY

BUY SECURITY BONDS

SO YOU KNOW SOMETHING ABOUT DENTISTRY

ANSWERS TO QUIZ CLXIV

(See page 52 for questions)

- True. (Ollerenshaw, Robert and Rose, Sidney; Dental Radiography and Photography, 29:3, 1956, page 45)
- (b). (Black, G. V.: Operative Dentistry, Ed. 6, Chicago, 1924, Medical Dental Publishing Company, Vol. 1, page 104)
- 3. By doubling the spatulation time. (Sturdevant, C. M.: Gold Castings by the Hygroscopic (Continued on page 78)

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relax your nervous patients with ATARAX

ATARAX saves chair time lost to "drill consciousness" or chair fear. Patients who are resistant or nervously talkative become relaxed and cooperative with ATARAX.

even children: ATARAX "may be employed advantageously to reduce anxiety in children who become distressed when faced with unpleasant, fear-provoking situations such as ... dental work and minor surgery."

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References: 1. Ayd, F. J., Jr.: Calif. Med., 87:75 (Aug.) 1957.

2. Ayd, F. J., Jr.: New York J. Med. 5:7142 (May 15) 1957.



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UNION BROACH CO., INC. 80-02 51st Avenue, Elmhurst 73, N.Y. Technic, J. N. Carolina D. Soc. **39**:97 July 1956)

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BUY SECURITY BONDS

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Published report of two-year results reaffirms GARDOL'S" EFFECTIVENESS in caries control

A recent issue of a leading science magazine reports the results of a two-year controlled study on human subjects to determine the effectiveness of sodium N-lauroyl sarcosinate (Gardol) in the control of dental caries.

Conducted by a leading dental school and directed by an eminent research scientist, this study was completed by 1,159 young adults located in 3 geographic areas. Thorough clinical and adiograph examinations of the teeth were made before and after the study was completed.

The conclusion: Sodium N-lauroyl arcosinate in a dentifrice, when it is used either morning and night or after meals, will materially reduce denul-caries activity.





This additional and recent clinical evidence reaffirms Colgate Dental Cream's promise of the finest home method of caries control ever offered by a toothpaste. And, Doetor, it is reassuring to know that Colgate Dental Cream with Gardol is so safe you can recommend it even to your very youngest patients without restrictions or limitations of any kind.

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LAFFODONTIA

We've all heard of the sailor who takes a boat ride on his leave, the mailman who takes a walk on his day off and, of course, you've heard of the college student who spends his summer loafing.

The human brain is a wonderful thing. It starts working the moment you are born and never stops until you stand up to speak in public.



"Whatchagotna package?"

"Sabook."

"Whasanaimuvitt?"

"Sadickchunery fullonaimes. Gonna getapleesdog angottageta nameferim."

A bachelor is a man who enjoys life, liberty and the happiness of pursuit.

"I knew them danged scientists would keep a-foolin' around until they did something they hadn't oughter," stormed the old man of the hills. "Now look what they've gone and did."

"What's that, Pa," asked his wife, "you

mean the atom bomb?"

"Heck no," exploded the old man, "they've discovered something besides likker to cure a cold."



FAIRY STORY

Once upon a time a man dried his hands on one paper towel like the instructions on the container said he should.



Have you heard the one about the gal playing roulette in Reno, and, being advised to play her age, placed chips on 25. She fainted when the wheel stopped at 37.

Jean: "Gosh, but my date last night was sure trying at times."

Jane: "You should have been out with my date. He was trying all the time."

The first grade teacher asked her class if they knew why the little birds fly South in the fall. A bright eved lad put up his hand and then gave the answer, "Because they can get there faster flying than if they walked".

She: "Don't let my father see you kissing me."

He: "But I'm not kissing you."

She: "I know, but I just thought I'd tell you, just in case."

The famous psychologist had finished his lecture and was answering questions. One meek little member of the audience asked. "Did you say that a good poker player could hold down any sort of executive job?

"That's right. Does it raise a ques-

tion in your mind?"

"Yes," came the reply. "What would a good poker player want with a job?"

"Darn it, left overs again," said the cannibal, as he gnawed on the two old

"Do you think your son will forget everything he learned in college?"

"I hope so. He can't make a living just making love to the girls."

Have you heard about the little moron who cut a hole in the rug so he could see the floor show? He later sewed it up, of course, because he didn't want to see the hole show.

maids.